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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless

| | | CERTIFICATED CO | MPA | NY INFORMATION |
|----------|----------------------------------|---|----------------|---|
| One | Link Communications, Ir | 1C | | • |
| Com | pany Name | | | FEIN/OUI |
| | | | | 954-724-5110 |
| Dba/ | /fka | | | Telephone # |
| 8400 | N University Dr Ste 204 | 1 | | · |
| | ling Address | | | |
| Tama | arac FL 33321 | | | |
| | State, Zip Code | | | |
| Samo | e | | | |
| | ness Location | | | |
| | | | | |
| City, | State, Zip Code | | | County |
| | | DECISTEDED AC | FNIT | INFORMATION: |
| | | REGISTERED AG | ENII | INFORMATION |
| Regis | stered Agent:Cor | poration Service Company | | |
| Mailir | na Addroos: E00 | Thurmand Mall Dlud | | |
| iviaiiii | ng Address:5000 |) I nurmong iviali Bivg | | |
| City, | State, Zip Code: Colu | mbia SC 29201 | | |
| | | | | |
| | Pursuant to the Commis | ssion's rules and regulations | <u>, print</u> | or type company contact for the following areas: |
| | | | | 20. |
| A. | Enrique Martinez | de adde - 16 arec - 1 a | | (1) A |
| | | de address if different than above. | .) | |
| | 954-724-5110 Telephone Number | <u>/ 954-724-5174</u> Facsimile Number | | info@onelinkcomm.com |
| | releptione Number | racsimile number | | E-mail Address |
| B. | Janice Roper | | | |
| | | mplaints Representative (Include | le addr | ess if different than above.) |
| | 800-557-4033 | / 954-724-5174 | 1 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | Telephone Number | Facsimile Number | | E-mail Address |
| C1. | Janice Roper | | | |
| | Customer Relations/Cor | mplaints Representative for Esc | alated | Complaints (Include address if different than above.) |
| | 800-557-4033 | / 954-724-5174 | 1 | · |
| | Telephone Number | Facsimile Number | | E-mail Address |
| C2. | 800-557-4033 | | | |
| | Customer Contact (Toll | Free Number) | | |
| C. | N/A - Reseller | | | |
| | Engineering Operations | (Include address if different than | above. |) |
| | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address |
| D. | N/A - Reseller | | | |
| | | e address if different than above.) | | |
| | | 1 | 1 | |
| | Telephone Number | Facsimile Number | | F-mail Addross |

| E. | Enrique Martinez Emergencies (During non-office hours) | | | | | | |
|----------|--|--------------------------------------|-----------|--|------------------|--|--|
| | | | | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| In add | dition, please provide the fo | llowing company contact inform | nation | to assist in proper routing of corresponde | nce and invoices | | |
| G. | R. J. Dias | | | 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | | | |
| | Regulatory Officer (li | nclude address if different than abo | ove.) | | | | |
| | 954-724-5110 | / 954-724-5174 | | Comply@onelinkcomm.com | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| H. | N/A | | | | | | |
| | Dual Party Mailings (Name) | | | | | | |
| | Mailing Address | | | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| | • | 7 dodinilo Manibol | | E mail / daroos | | | |
| l. | Enrique Martinez Interim LEC Fund Mailings (Name) | | | | | | |
| | - , | | | | | | |
| | Mailing Address | e 204, Tamarac FL 33321 | | | | | |
| | 954-724-5110 | / 954-724-5174 | 1 | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| J. | Enrique Martinez | | | | | | |
| | Universal Service Fund Mailings (Name) | | | | | | |
| | 8400 N University Dr Ste 204, Tamarac FL 33321 | | | | | | |
| | Mailing Address | | | | | | |
| | 954-724-5110 | / 954-724-5174 | | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| K. L. | Enrique Martinez | 454 | | A CONTRACT C | | | |
| | Gross Receipts Mailings (Name) | | | | | | |
| | 8400 N University Dr Ste 204, Tamarac FL 33321 | | | | | | |
| | Mailing Address 954-724-5110 | / 954-724-5174 | , | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | - | | |
| | Enrique Martinez | | | a., | | | |
| L. | Lifeline Mailings (Name | <u> </u> | | | | | |
| | 8400 N University Dr Ste 204, Tamarac FL 33321 | | | | | | |
| | Mailing Address | 6 204, Tamarac F L 3302 F | | | | | |
| | 954-724-5110 | / 954-724-5174 | 1 | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| | Enrique Martinez | | | Mortin | | | |
| | This form was completed by (print name) | | Signature | | | | |
| | | . " , | | | | | |
| | <u>President</u> | itle | | 3/24/2011 Date | | | |
| | | | | Date | | | |
| | RETURN COMPLETED FORM TO: | | | | | | |
| | | e Commission of SC | | Office of Regulatory Staff | | | |
| | Clerk's Office D | | | Attn: Jeanne Gordon 1401 Main Street, Suite 900 | | | |
| | 1 OOL ONICE L | TOTO | | ito i Maili Olicel, Oulle 300 | | | |

Columbia, South Carolina 29211

1401 Main Street, Suite 900 Columbia, South Carolina 29201